TOTAL FOR PATENT APPLICATION AND HER OF ATTORNEY

As a below named inven	tor, I hereby declare that my residen	ce, post office address and citizenship	are as stated below
next to my name; I believe that I	am the original, first and sole inven	tor (if only one name is listed below)	or an original, first
and joint inventor (if plural name	s are listed below) of the subject ma	tter which is claimed and for which a	patent is sought on
the invention entitled "ANTIVIE	BRATION MOUNT, MECHANICAL	ASSEMBLY COMPRISING SUCH M	OUNT AND METHOI
FOR MANUFACOURING THE MOL		eation of which (check one): Let is attack	
filed on MAY 1 7 1999		and was an	
—\ \	(if applicable); □ was filed as PCT I	nternational Application No.	on
THADENIAN and w	as amended under Article 19 on	(if applicable).	I hereby state that
have reviewed and understand	the contents-of the above-identified	specification, including the claims,	as amended by any
amendment(s) referred to above.	I acknowledge the duty to disclose to	the Patent and Trademark Office all	information known
to me to be material to patentabil	ity as defined in 37 C.F.R. §1.56.	The same and same and same and	mornation known
I hereby claim foreign p	riority benefits under 35 II S.C. St.	10 -6 6 6	
		19 of any foreign application(s) for p	
		one country other than the United State	
		patent or inventor's certificate or any	
		tates of America filed by me on the s	ame subject matter
having a filing date before that of	the application(s) of which priority	is claimed:	
		•	Priority Claimed
(Application Serial Number)	(Country)	(Day/Month/Year Filed)	Yes No
(Application Serial Number)	(Country)	(Day/Month/Year Filed)	_
	, , ,	(Day/Mondin Teal Thea)	Yes No
I hereby claim the benefit	under 35 U.S.C. \$119(e) of any Ur	nited States provisional application(s)	Para III I
	and the events of the events o	med States provisional application(s)	listed below:
(Application Serial Number)			
		(Day/Month/Year Filed)	
(Application Serial Number)		(Day/Month/Year Filed)	
I hereby claim the benefit	under 35 U.S.C. §120 of any United	States application(s) or PCT internation	onal application(s)
designating the United States of An	nerica listed below and, insofar as the	e subject matter of each of the claims	of this and in the
is not disclosed in the prior applica	tion(s) in the manner provided by the	e first paragraph of 35 U.S.C. §112,	of this application
duty to disclose to the Office all in	formation known to me to be mated	e mst paragraph of 33 U.S.C. §112,	l acknowledge the
occurred between the filing date of	the prior confliction(s) and discontinuous	al to patentability as defined in 37 C.	F.R. §1.56 which
	the prior application(s) and the natio	onal or PCT international filing date of	f this application:
(Angline) 6 - 1 Fr		_	
(Application Serial Number)	(Day/Month/Year Filed)	(Status-Patented, Po	ending or Abandoned)
(Application Serial Number)	(Day/Month/Year Filed)	(Status-Patented, Pe	ending or Abandoned)
I hereby declare that all s	statements made herein of my own	knowledge are true and that all sta	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Second Joint Inventor, if any	Citizenship	-
Robert GOUDIE	American	
Residence Address - Street	Post Office Address - Street	10
11901 GARNSEY Ave.	11901 GARNSEY Ave.	
City (Zip)	City (Zip)	
GRAND HAVEN, MI 49417	GRAND HAVEN, MI 49417	
State or Country	State or Country	
U.S.A	U.S.A //	
Date 20 M 100	Signature	
29 March 99	≥ Ktoul	

Third Joint Inventor, if any	Citizenship	
Residence Address - Street	Post Office Address - Street	
City (Zíp)	City (Zip)	
State or Country	State or Country	
Date ⊠	Signature ⊠	

Fourth Joint Inventor, if any	Citizenship
Residence Address - Street	Post Office Address - Street
City (Zip)	City (Zip)
State or Country	State or Country
Date ⊠	Signature ⊠